

**VESSEL CORRECTION REQUEST**  
B-96 REV. 9-2000

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
MARINE VESSEL SECTION  
On The Web At <http://dmvct.org>



**VESSEL NUMBER:**



STATE

NUMBER

OWNER'S NAME

OWNER'S ADDRESS

**THE CORRECTION IS AS ENTERED BELOW:**

TYPE OF CORRECTION *(Please check below)*

☐ **LENGTH** From \_\_\_\_\_ ft. \_\_\_\_\_ in. To \_\_\_\_\_ ft. \_\_\_\_\_ in.

☐ **YEAR** From \_\_\_\_\_ To \_\_\_\_\_

☐ **HULL NUMBER** From \_\_\_\_\_ To \_\_\_\_\_

☐ **PRINCIPAL HULL MATERIAL** From \_\_\_\_\_ To \_\_\_\_\_

I declare that the information furnished on this form is true and complete to the best of my knowledge and belief.

SIGNATURE OF OWNER (S)

X

DATE SIGNED